

Life /Accidental Death Beneficiary



COVENANT BENEFITS

Life/Accidental Death Beneficiary

Post Office Box 316560, Chicago, Illinois 60631 | FAX: (773) 784-2249 | EMAIL: benefits@covchurch.org

Instructions: Fill out and return this form to Bethany Benefit Service.

I am currently enrolled in life/accidental death insurance through Bethany Benefit Service. Please assign my life/accidental death benefit to the following beneficiary(ies).

1. YOUR INFORMATION

Name: _____ SSN: _____

2. LIFE INSURANCE PRIMARY BENEFICIARY(IES) Full

Name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

3. LIFE INSURANCE CONTINGENT BENEFICIARY(IES)

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

4. AUTHORIZED SIGNATURE

Signature: _____ Date: ____ / ____ / ____